

Finding Answers

Disparities Research for Change

Lessons From Interventions to Reduce Racial and Ethnic Disparities in Health Care



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Roadmap

- About Finding Answers
- Conceptual model
- 6 key components for reducing disparities
- Systematic review of interventions
- Lessons from grantees
- Integrating health care system and community approaches

Finding Answers



- A national program supported by the Robert Wood Johnson Foundation with direction and technical assistance provided by the University of Chicago.

Goals of Finding Answers

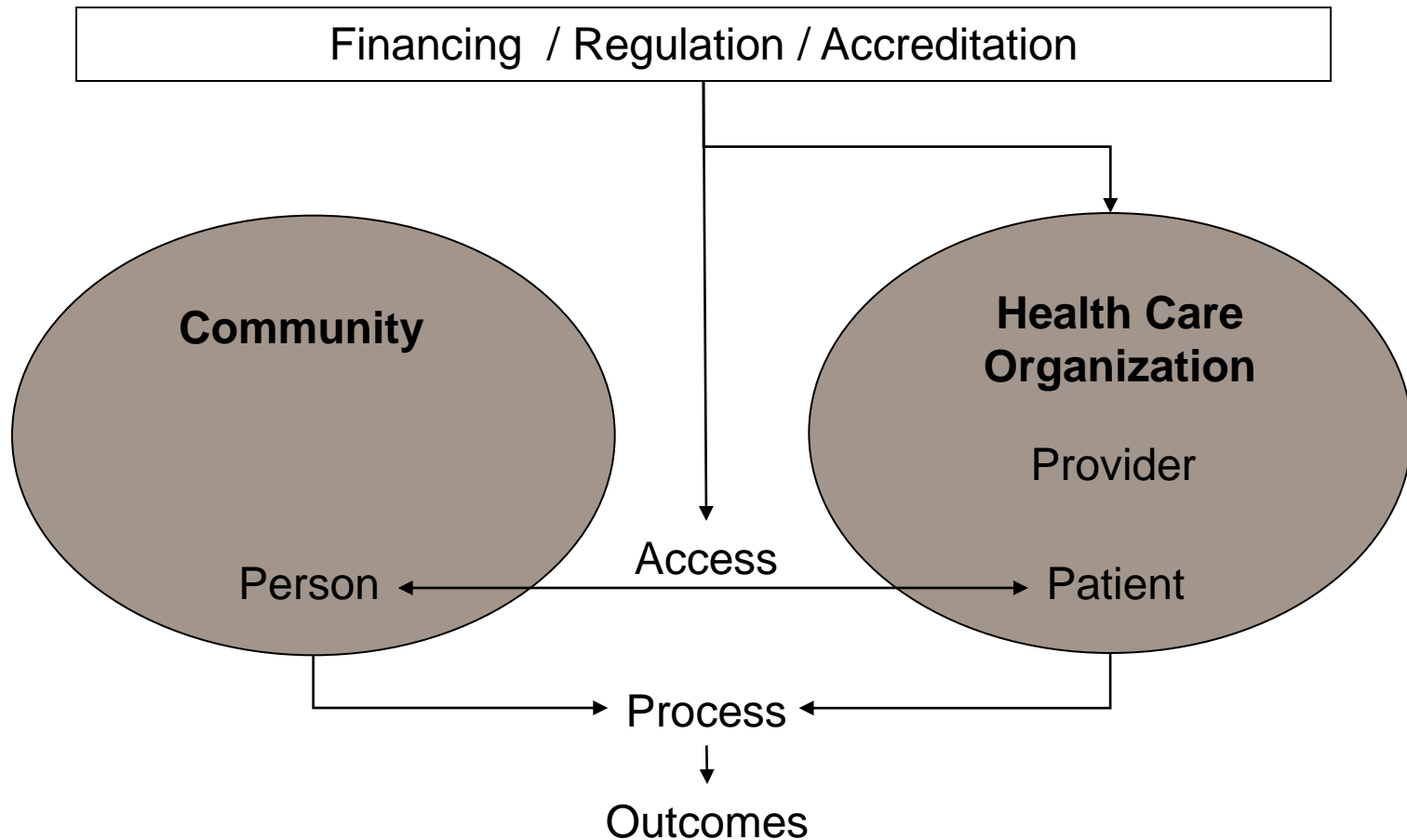
- Grant funds to evaluate practical solutions to reduce racial and ethnic health care disparities.
- Conduct systematic reviews of racial and ethnic health care disparities interventions.
- Disseminate results to encourage health care systems to address racial and ethnic gaps in care.

Dissemination & Translation



- Provide valuable information about what works—and what doesn't
- Create resources and toolkits that organizations can use to implement promising interventions

Conceptual Model



Integral Components of Systems Approach to Reducing Disparities

- 1) Examine your performance data stratified by insurance status, race/ethnicity, language, and socioeconomic status.
- 2) Get training for your staff to work effectively with diverse populations.

Chin MH. Ann Intern Med 2008; 149:206-208.

SGIM Goals for Courses on Health Disparities

- Existence of disparities, etiologies, solutions
- Mistrust, subconscious bias, stereotyping
- Communication, trust building
- Commitment to reduce disparities

Univ. of Chicago Course – Monica Vela, MD

- Self-insight exercises
- Field trips & Chicago hx
- Group disparities project
- Reflective essays and discussion
- Individual patient care (e.g. interpreters) and policy (e.g. Medicare)
- Instructors skilled in facilitation on challenging topics (e.g. race, ethics)



Systems Approach 2

- 3) Make reduction of inequities in care for vulnerable populations an integral component of quality improvement efforts.

Bud Billiken Parade







TEER
farm

The Urban
Health
Initiative

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For additional
the American (D
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New IOM Framework

Crosscutting Dimensions		Components of Quality Care	Type of Care		
			Preventive Care	Acute Treatment	Chronic condition management
E Q U I T Y	V A L U E	Effectiveness			
		Safety			
		Timeliness			
		Patient/family-centeredness			
		Access			
		Efficiency			
	Care Coordination				
	Health Systems Infrastructure Capabilities				

Systems Approach 3

- 4) Provide models of care and infrastructural support to enable organizations to improve the quality of care for vulnerable patients.
- 5) Align incentives to reward providers and health care organizations for providing high quality care to vulnerable populations.

HRSA's Health Disparities Collaboratives in FQHCs

Chin MH. Quality improvement implementation and disparities: the case of the Health Disparities Collaboratives. Med Care 2010; 48:688-675.

Systems Approach 4

6) Allocate more resources for the uninsured with chronic diseases.

Systematic Reviews



- Reviewed 200+ articles
 - Cardiovascular disease
 - Diabetes
 - Depression
 - Breast cancer
 - Cultural leverage
 - Pay-for-performance incentives
- FAIR Database

Systematic Review Lessons

- Multifactorial interventions that address multiple leverage points along a patient's pathway of care
- Culturally tailored QI > generic QI
- Nurse-led interventions with multidisciplinary teams and close tracking and monitoring of patients.

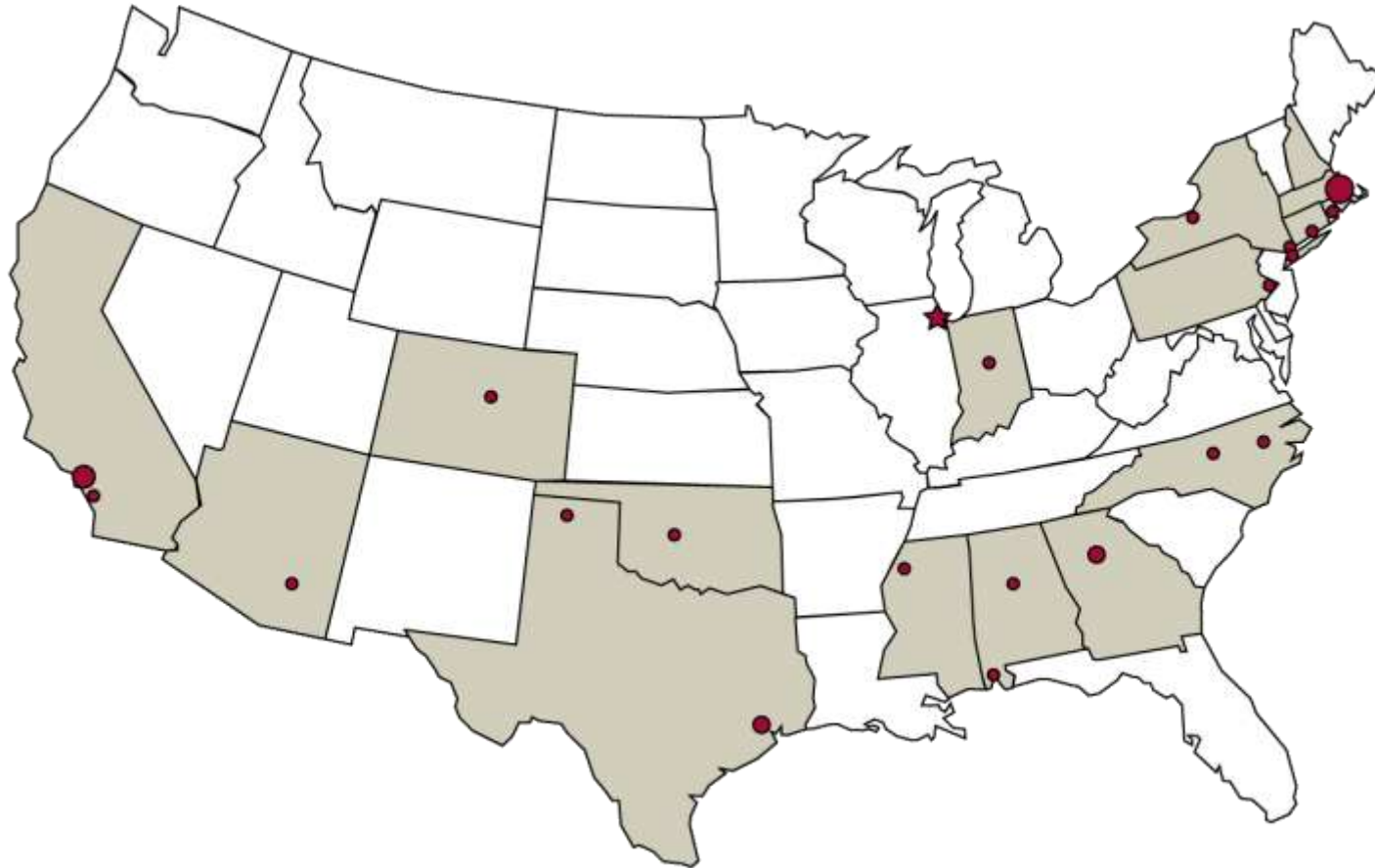
Chin MH, et al. Med Care Res Rev 2007; 64:7S-28S.

Review of Pediatric Literature

- Asthma care
- Immunizations
- Recommendations
 - Measure and improve structural aspects of care experience that impact outcomes.
 - Incorporate families into interventions.
 - Integrate non-health care partners into QI interventions.

Chin MH, et al. Pediatrics 2009;124 (Suppl 3):S224-S236.

28 Interventions



Aligning Forces for Quality Communities



Lessons from Grantees

- Knowledge/attitude interventions helpful but not sufficient
- Disparity data interventions helpful but not sufficient
- Context and tailoring are critical
- Multifactorial, multitarget interventions
- Buy-in, incentives, sustainability, system

Knowledge, Attitudes, Data Helpful but not Sufficient

- Harvard Vanguard – Cultural competency and disparity report cards
 - Increased acknowledgement of disparities
 - No change in clinical outcomes
- Morehouse – Health literacy training and literacy screening
 - 1/3 patients have limited health literacy
 - No change in outcomes

Provider / System

- Westside – Concurrent Peer Review
 - Decreased blood pressure
 - Increased medication intensification
 - Widespread provider support

Provider - Patient

- Duke – Nurse over-the-phone medication management and behavioral modification
- UPenn – Phone-based peer support and clinic visits with nurse educators

Context and Tailoring are Key – Telephone Example

Promising

- UPenn – phone based peer support
- UArizona – Virtual depression visits

Challenging

- Neighborhood Health Plan of RI – care management
- Mobile County – glucose monitoring

Community Health Workers

- Univ of California, Irvine
 - Patient activation – improve sugar control
- Choctaw
 - Time, training, verbal culture
- Mass. League of Community Health Ctrs
 - Time, integration with health care team

Patient

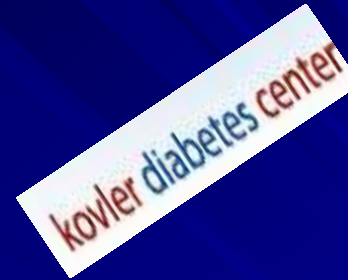
- Cooper Green – Jeroan Allison, MD,
Sandra Hullett, MD

Incentives

- Baylor VA (Laura Petersen, MD, LeChauncy Woodard, MD) – P4P
- Cigna – Patient incentive for office visit
- Aaron E. Henry CHC – Patient incentives for weight management, exercise, med adherence

Lessons from Grantees

- Model interventions that can be tailored
- Interventions have to be intensive – knowledge and data are insufficient
- Multifactorial, multitarget interventions
- Intervention and process of implementation
- Buy-in, incentives, sustainability, system



WELCOME!

Improving Diabetes Care and
Outcomes
on the South Side of Chicago





Monica Peek, MD, MPH



Intervention Components

- Patient activation/ communication training
 - Culturally tailored diabetes education
 - Patient empowerment
 - Shared decision-making
- Provider communication training
 - Cultural competency
 - Behavioral change
 - Continuing education

Intervention Components 2

- Clinic Redesign
 - Quality improvement collaborative
 - Plan-Do-Study-Act cycles
 - Chronic Care Model

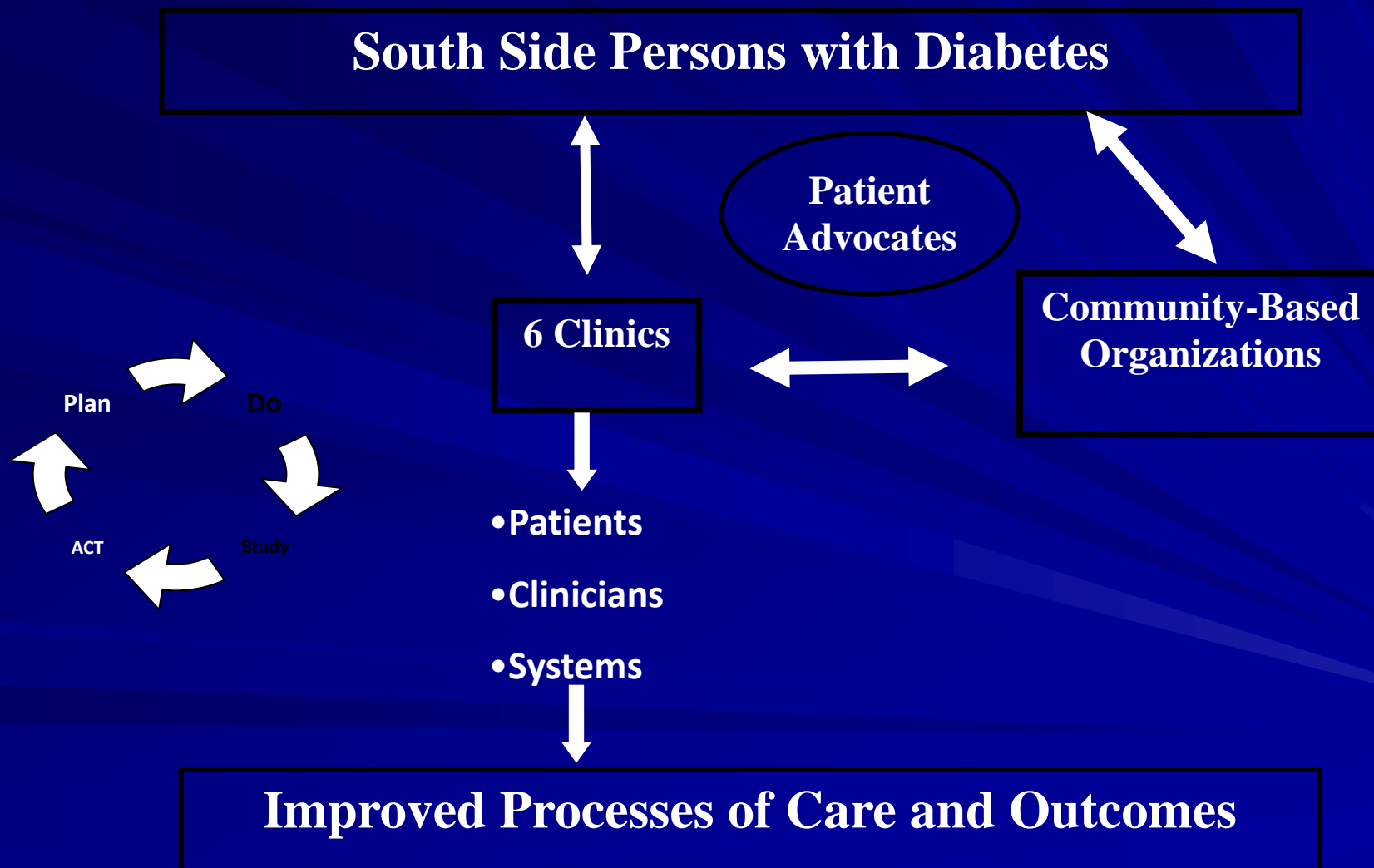
Intervention Components 3

- Community Connections
 - Patient advocates/community health workers
 - Community resources re: nutrition, exercise, diabetes support
 - Partnerships w/ CBOs

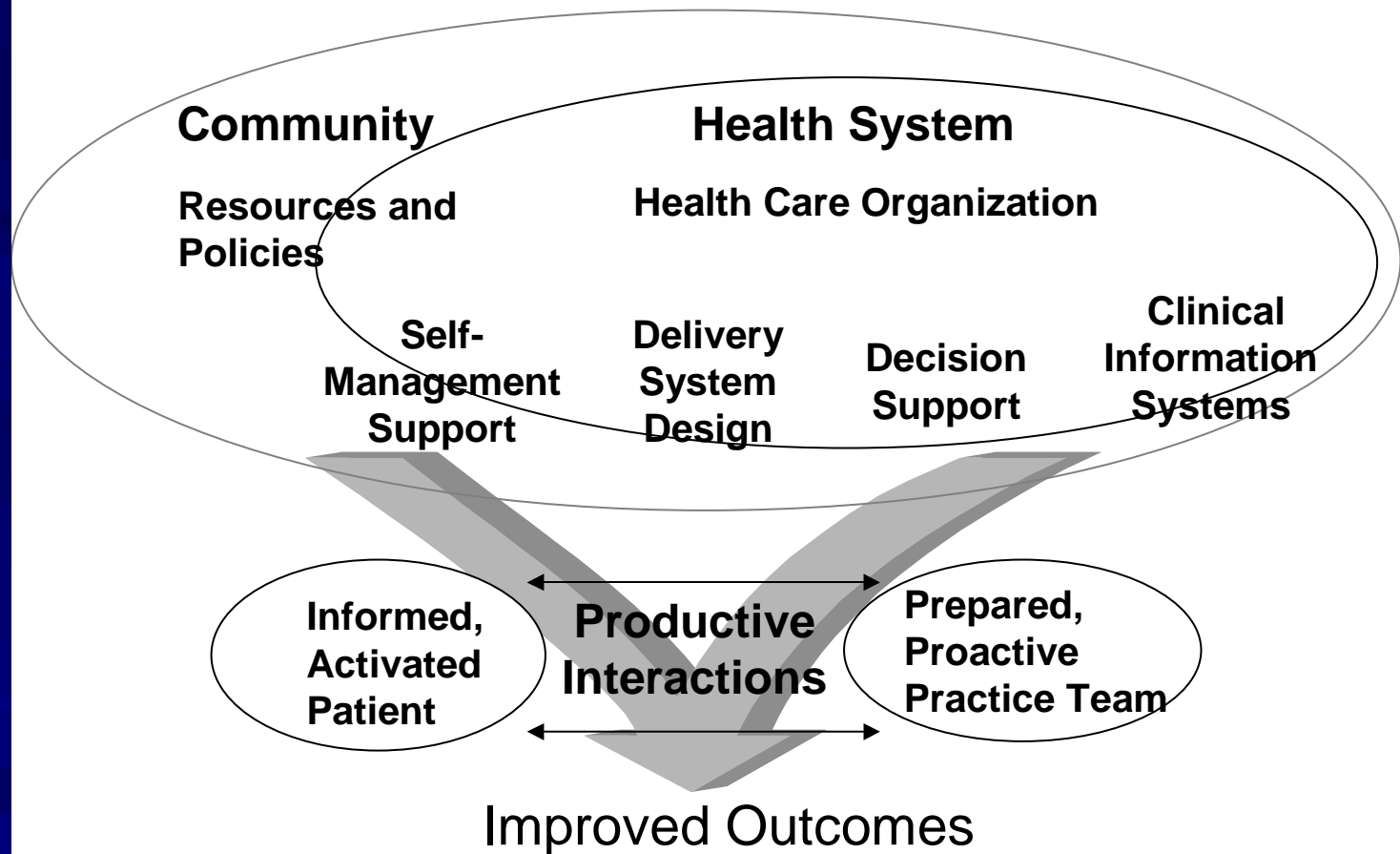
IMPROVING DIABETES CARE AND OUTCOMES ON THE SOUTH SIDE OF CHICAGO

South Side Chicago

Urban Health Initiative

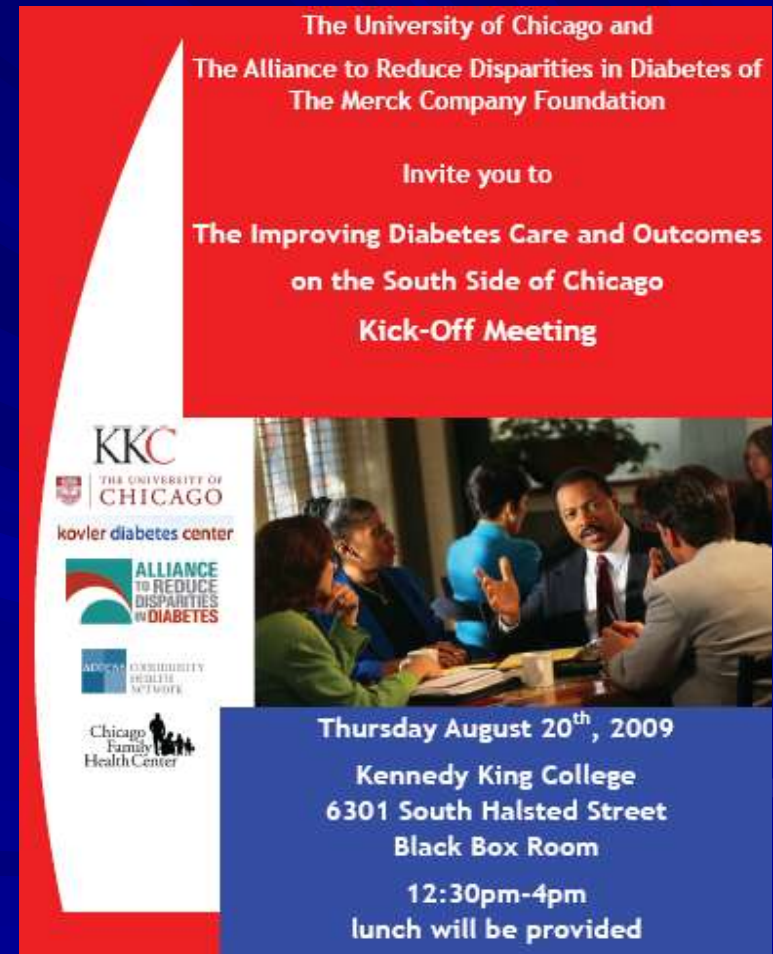


Chronic Care Model



Collaborative QI meetings

- First kick-off meeting
- August 20, 2009
- Kennedy King College
- Goals:
 - Re-introduce the grant
 - Partnership building
 - Organize QI teams
 - Introduce clinic redesign
 - Identify top challenges in providing DM care



The flyer is a vertical rectangular poster with a red background. At the top, white text reads: "The University of Chicago and The Alliance to Reduce Disparities in Diabetes of The Merck Company Foundation". Below this, in smaller white text, is "Invite you to". The main title, "The Improving Diabetes Care and Outcomes on the South Side of Chicago", is in white. Below the title, "Kick-Off Meeting" is written in white. On the left side, there is a white vertical band containing logos for KKC, The University of Chicago, Kovler Diabetes Center, Alliance to Reduce Disparities in Diabetes, and Chicago Family Health Center. To the right of these logos is a photograph of a group of people in a meeting. At the bottom, a blue horizontal band contains the date, time, and location in white text.

The University of Chicago and
The Alliance to Reduce Disparities in Diabetes of
The Merck Company Foundation

Invite you to

The Improving Diabetes Care and Outcomes
on the South Side of Chicago

Kick-Off Meeting

KKC
THE UNIVERSITY OF
CHICAGO
kovler diabetes center
ALLIANCE
TO REDUCE
DISPARITIES
IN DIABETES
ADSCA
COMMUNITY
HEALTH
NETWORK
Chicago
Family
Health Center

Thursday August 20th, 2009

Kennedy King College
6301 South Halsted Street
Black Box Room

12:30pm-4pm
lunch will be provided

Kick-off Meeting!



Collaborative QI Meetings

- Second meeting
- September 29, 2009
- The Little Black Pearl
- Goals:
 - Community partnerships
 - Health systems redesign
 - Planning 1st PDSA
 - Community Health Workers

IMPROVING DIABETES CARE AND
OUTCOMES ON THE SOUTH SIDE
OF CHICAGO



**Partnering with the
Community**

Tuesday September 29th
The Little Black Pearl
1060 E 47th St
Chicago, IL 60653
12:30-4pm
Light lunch provided



Challenges for South Side Diabetes Project

- Organizational readiness to change - Coaching
- Ambitious scope
- Health care system – community divide
- Multiple audiences
- Need for multiple skills
- Financial models

Ongoing Efforts

- Dovetailing with Urban Health Initiative



Johnny “Kool-Out” Starks, WVON, and Chicago CAN-TV



Billy Montgomery Photography

Diabetes Awareness Month First Collaborative Health Fair



November is National Diabetes Awareness Month !!!
Please Join Us for a Private Screening:
*The 2009 Diabetes Health Symposium:
Diabetes Prevention and Control Workshop*

FREE
Blood Glucose
Cholesterol and Blood Pressure Checks
BMI
Raffle and Giveaways
Diabetes Health Education & Wellness Booth

Physical Activity Demonstration
featuring Siddiqui "The Personal Trainer" @ 2pm

WHEN: Saturday, November 21st 2009
12 noon- 4:00pm

WHERE: Chatham Ice Theater (lobby)
210 West 87th Street
Chicago, IL 60620

Sponsored by:
The University of Chicago Department of Medicine
Improving Diabetes Care and Outcomes On The South Side of Chicago









Discussions with Public and Private Entities

- Chicago Department of Public Health
- Grocery store chains
- Farmer market programs

Amazing interest and enthusiasm for
improving South Side of Chicago health

Grant Support

- NIH/NIDDK

- K24 DK071933
- R18 DK083946-01A1
- P60 DK20595

- The Merck Company Foundation

- Robert Wood Johnson Foundation Finding Answers: Disparities Research for Change